



## PATIENT

Sophie Hilburger

## SPECIES

Canine

## BREED

Maltese Mix

## SEX

Spayed female

## AGE

10 years

## WEIGHT

10.8 lbs

## INTERPRETED BY

Remo Lobetti, BVSc,  
MMedVet (Med),  
PhD, Dipl. ECVIM

## IMAGING PERFORMED BY

Danielle Shemanski,  
DVM, MA

## HOSPITAL NAME

Western New York VS

## REFERRING VET

Dr. Delucia

## INVOICE

69437

## DATE

12/18/25

## PRESENTING CLINICAL SIGNS

History: RDVM REASON FOR REFERRAL: Sophie presents for an abdominal ultrasound due to a history of elevated liver enzymes. A dental was performed on December 8th, and pre-anesthetic bloodwork showed elevated liver values. The owner notes that her liver enzymes were first noted to be slightly elevated a few years ago while living in California. They have been trending up since. CLINICAL SIGNS: No history of urinary signs. History of one episode of pancreatitis as a puppy after eating bacon. She vomits approximately once a month, usually just liquid on an empty stomach. No blood noted. She sometimes loses her appetite and requires encouragement to eat. She is reported to drink a lot of water and will mark over other dogs' urine. MEDICATIONS: Simparica Trio. \*Gave 0.12 mL of butorphanol IV for sedation for the ultrasound.

Abnormal PE/Chem/CBC/UA Results: ALT 484 (10 - 125 U/L) ALP 1,868 (23 - 212 U/L)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident. The bladder wall measured 0.4 cm.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 3.8 cm, right measured 4.2 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.63 cm in length x 0.63 cm and 0.47 cm in width. The right adrenal gland measured 2.09 cm in length x 0.56 cm and 0.55 cm in width.

### Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measures 1.6 cm in width.



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## Liver

Normal size with a diffuse increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

## Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

## Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

## Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

## Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

## Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

## ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The likely etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia a highly unlikely differential diagnosis.

Further assessment would be FNA cytology of the liver; however, a tru cut or wedge biopsy may be required for a final etiological diagnosis.



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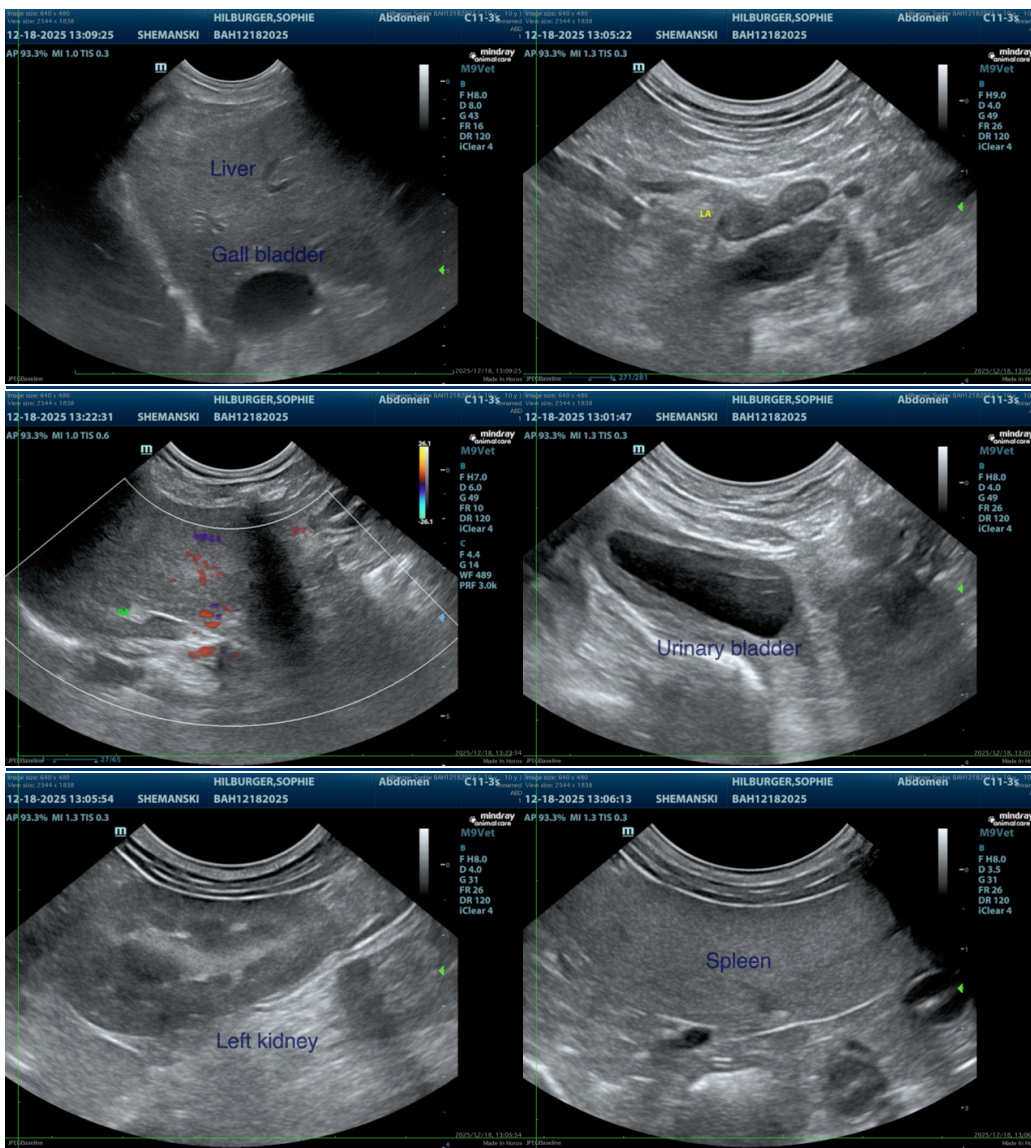
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Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be the use of Ursodiol with regular monitoring of liver enzyme activity.





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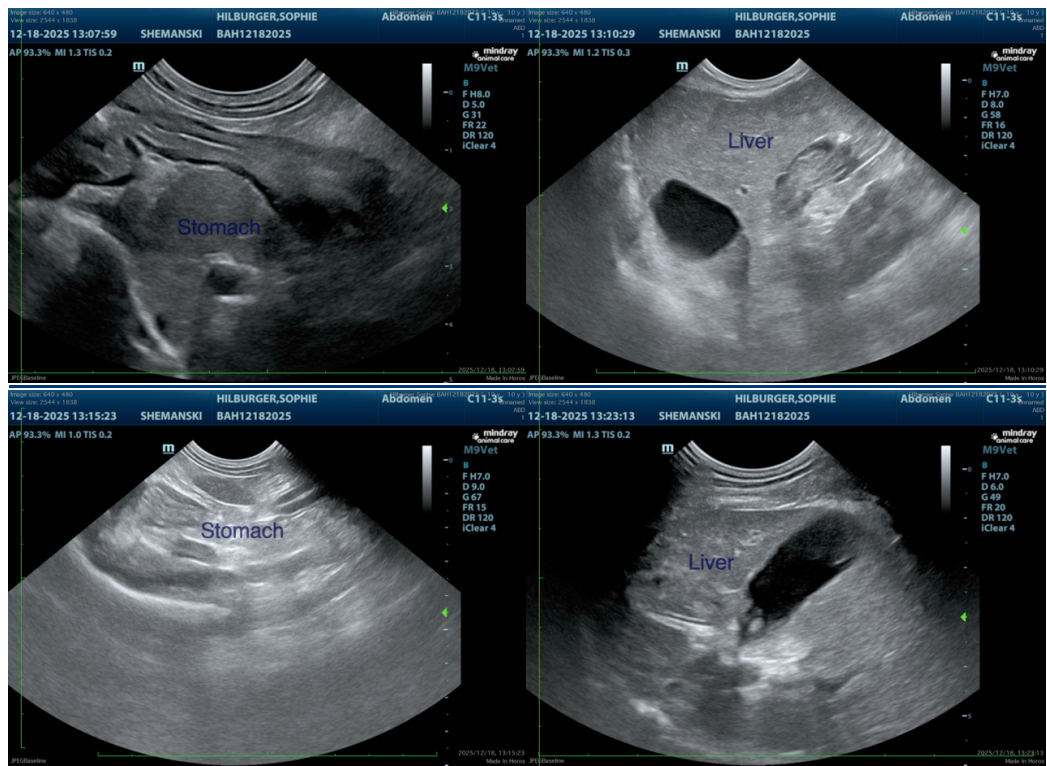
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

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